



# GOVERNMENT OF KARNATAKA

Date:

## PARA MEDICAL BOARD, BANGALORE

### INTERNAL ASSESSMENT MARKS FORMAT FOR I YEAR DIPLOMA / II YEAR CERTIFICATE COURSE IN HEALTH INSPECTOR

Name of the Institution :

Name of the Course :

To be furnished in 1 copy and 1 CD before commencement of written examination

Sl.No.	Reg. No.	Name of the Candidate	Paper - I	Paper - II	Paper - III	Practicals
			Theory 10 Marks	Theory 10 Marks	Theory 10 Marks	10 Marks
1						
2						
3						
4						
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7						
8						
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Received by ..... On .....

Verified by the Member Secretary

Signature of the Principal of the Institution  
with seal